



April 28, 2016

The Honorable Patrick Toomey United States Senate SR-248 Washington, D.C. 20510

Dear Senator Toomey,

Emergency physicians have a unique role in the nation's health care system. In addition to treating acute medical conditions, we also administer primary care services when other providers are unavailable, such as nights, weekends and holidays. As the bridge between outpatient and inpatient care, we take our responsibility to provide the right care at the right time seriously. However, these efforts to provide the most appropriate care, even if that means a treatment plan or service other than the one sought by the patient, have been hampered to a certain degree by directly tying reimbursement rates to patient satisfaction surveys.

In the United States, there are more than 136 million patient visits to the emergency department annually. Of these visits, 42 percent are related to painful conditions. Currently, there is no objective diagnostic method that can validate or quantify pain. While we think it is vital to consider patients' wishes when developing treatment plans, a patient's desire for opioids and their satisfaction with adherence to their wishes should not unduly influence the physician's clinical judgment.

However, the use of subjective pain questions in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, which influences hospital reimbursement rates, has created perverse incentives that lead some health professionals to honor unwarranted patient requests. The American College of Emergency Physicians (ACEP) and the Pennsylvania College of Emergency Physicians (PACEP) stand with you and applaud your efforts to remove these questions from the HCAHPS survey.

As the nation faces a prescription opioid abuse and heroin use epidemic, it is vital that physicians are incentivized to use non-opioid analysesics and other alternative treatment options when medically appropriate. The system should reward physicians who, in the exercise of medical judgment, opt to limit pain relievers to certain patients, rather than create incentives for prescribing opioids more frequently.

Sincerely,

Jay A. Kaplan, MD, FACEP

President

American College of Emergency Physicians

Merle A. Carter, MD, FACEP

President

Pennsylvania College of Emergency Physicians